

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010064 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R-C 10/13/2011 |
| NAME OF PROVIDER OR SUPPLIER BROOKDALE PLACE AT FALL CREEK, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 5011 KESSLER BLVD EAST INDIANAPOLIS, IN 46220 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| {R 000} | <p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit to the Investigation of Complaint IN00093579 completed on 08-09-11.</p> <p>Complaint IN00093579 - corrected</p> <p>Survey date: October 13, 2011</p> <p>Facility number: 010064 Provider number: 010064 AIM number: NA</p> <p>Survey Team: Mary Jane G. Fischer RN</p> <p>Census Bed Type: Residential: 53 Total: 53</p> <p>Census Payor Type: Other: 53 Total: 53</p> <p>Sample: 4</p> <p>Brookdale Place at Fall Creek LLC was found to be in compliance with 410 IAC 16.2 in regard to the Post Survey Revisit to the Investigation of Complaint IN00093579.</p> <p>Quality review 10/13/11 by Suzanne Williams, RN</p> | {R 000} | | |

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

MU5012

If continuation sheet 1 of 1